

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39466

1. Corporation Name

GALOLAND, INC.

300001531883
-07/07/95--01029--004
***225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

2225 SW 18th Avenue
Miami, FL 33145

2. Principal Place of Business

21 5805 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

22 480

City & State

23 MIAMI, FLORIDA

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 5805 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

27 480

City & State

28 MIAMI, FLORIDA

Zip

29 33126

Country

30 USA

3. Date Incorporated or Qualified

01-18-1985

3a. Date of Last Report

04-27-1994

4. FEI Number

59-2571755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIVIAN ROIZ
5805 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FLORIDA 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME JORGE LOPEZ
STREET ADDRESS 5805 BLUE LAGOON DRIVE #480
CITY - ST - ZIP MIAMI, FL 33126

TITLE S/T
NAME VIVIAN ROIZ
STREET ADDRESS 5805 BLUE LAGOON DRIVE #480
CITY - ST - ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-95

SECRETARY (303)257-9660

Date

Signature (Phone #)

CR2E034 (3/95)